Officeholder and Candidate
Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)
November 3, 2020

1. Statement Covers Calendar Year 2020.

2. Officeholder or Candidate Information
NAME OF OFFICEHOLDER OR CANDIDATE: KarlaAlejandra Ramirez
STREET ADDRESS: 7091 Spruce St.
CITY: Oxnard
STATE: CA
ZIP CODE: 93033
AREA CODE/DAYTIME PHONE NUMBER: (805) 228-4388
OPTIONAL: FAX/E-MAIL ADDRESS: Karla.alejandra.ramirez@gmail.com

3. Office Sought or Held
OFFICE SOUGHT OR HELD: City Council Member District 6
JURISDICTION (LOCATION): City of Oxnard
DISTRICT NUMBER (IF APPLICABLE): 6

4. Committee Information
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME AND I.D. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
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<tbody>
<tr>
<td>N/A</td>
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5. Verification
I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $2,000 and that I will spend less than $2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on August 5th, 2020

By

Signature of Officeholder or Candidate

FPPC Form 470/470 Supplement (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov